# Upledger Institute Case Study

## CranioSacral Therapy – Childhood Apraxia and Sensory Processing Integration Disorder

**By: Kristi Schreiner-Huffey, LMP, RYT-200, MSW, CST-D**

**Date of first treatment:** July 15, 2017

**Name:** SJ

**Age:**5

**Gender:** male

**Number of sessions:** 6

**length of sessions:** 20-45 minutes

### Client Summary, Symptoms and Medical History

SJ is a 5-year-old male with the Diagnoses of Childhood Apraxia of Speech, Global Apraxia/Dyspraxia, Sensory Processing Integration Disorder and Hypotonia. It is suspected that he also has Auditory Processing Disorder, however cannot be formally diagnosed until he is older. It is likely that he has Dyslexia and or Dysgraphia along with ADD (Attention Deficient Disorder). Autism has been ruled out. Apraxia is a poorly understood neurological condition. People who have Apraxia may have difficulty making certain motor movements, even though their muscles are normal. In this case, SJ has difficulty with gross motor movement as well as movement of the mouth and tongue. Sensory Processing Integration Disorder is a condition in which the brain has difficulty receiving and responding to information that comes in through the senses. In the case of SJ, he demonstrates sensory system overload as evidenced by throwing fits, running away and aggressive behavior when he is overly stimulated.

SJ is a highly social (has a desire to make friends), intelligent and active boy, although he struggles socially due to his speech and sensory issues. Due to the complexities of his diagnoses he demonstrates difficulties in reading, social cues, communication and fluidity of movement. He demonstrates the ability to follow directions, looks this therapist in the eyes and can receive CranioSacral Therapy.

### Evaluation

Whole body evaluation revealed a very restricted dural tube. Very little movement in dural tube rock and glide. Facial restrictions in the legs, particularly the feet and a strain pattern in the pelvis pulling to the left. Respiratory diaphragm had moderate tension and tightness. Compression in the cranial vault and membranous tension. Sphenoid compression and torsion to the left.

**Treatment**

The first treatment only lasted 20 minutes, however by the second treatment the client made it to 35 minutes. The remaining sessions were between 35-45 minutes. Sessions were done on the table and in a chair. The therapist gave the client the choice and the client would move back and forth between the two for most sessions. This helped give the client autonomy over the session, while keeping him focused. Much of the sessions were focused on the dural tube. When the client was on the table, the therapist worked directly and indirectly on dural tube mobility. Techniques utilized were pelvic diaphragm release, respiratory diaphragm, thoracic Inlet release, dural tube traction, dural tube rock and glide, direction of energy to the OCB, and vault hold 1,2, and 3 releases. Sphenoid decompression. When he moved to the chair, the therapist worked the mobility of the legs and feet and would complete any thoracic work that needed to be done. The client would often talk during the session and as he dialogued the therapist could feel the tissues changing.

**Objective Results**

By the third session, SJ was cooperative, stayed in either the chair or the table for longer periods of time, and was able to be in the session for 35 minutes. The dural tube made significant improvements in mobility, as noted by the therapist. SJ would relax after the session, something he had not been able to do prior to CST, this was reported by his mom. By the 6th session, SJ had improved in his overall gross mobility as observed on the playground and his ability to move in a smoother way.

**Subjective Results**

The following was submitted written documentation from the client's biological mother.

Kristi has known about my struggles in raising a child with unique needs for a few years. When she approached me about the possibility of craniosacral therapy being a benefit for him I was initially a bit skeptical. This reservation most likely stemmed from the fact that none of his "traditional" providers had ever mentioned how it could be a wonderful therapeutic benefit to a child with apraxia of speech, global apraxia/dyspraxia, and sensory integration dysfunction. My child has been in various therapies since age 1. We have seen improvements in all areas of development but it is a slow process considering the magnitude of his motor planning issues. By the time Kristi approached me a few months ago I was ready to try anything new that could potentially help my son. Thus, I agreed to give this intriguing therapy a try (which is not at all unusual as it is found in OT, PT, and physicians clinics in much larger population centers…just not here).

After doing some research on my own it became apparent that craniosacral therapy could really help my child's motor skill coordination and hopefully, even his sensory function. My son's first treatment was quite short. His "fight or flight" response kicked in and he was done.

What impressed me was Kristi's ability to remain calm with him. She could communicate in an effective manner that allowed my son to retain control over his body and how the CT process would be used on him. She was positive and friendly. He picked up on this openness and let her know he would be back. This is not a typical response for him in perceived uncomfortable or new therapies. He usually screams no and takes off running. Over the next sessions he was worked up to 30 plus minutes of consistent therapy thanks to Kristi's incredible ability to read his emotional cues regarding when enough is enough.

Most important are the changes we have observed regarding his motor coordination. He is running with a more even gait and is less clumsy. He is more aware of his body in space. For example, he really looks like a typical kindergartner when playing on playground equipment instead of a child who is a couple years behind in motor skills. He also seems more relaxed. After each therapy session, he just sits calmly for an hour or so. It's as if his autonomic nervous system can really relax and become more perceptive to other input. For example, a few weeks ago he finally cooperated for an entire dental exam. He sat calmly for all x-rays and had his first complete cleaning. I have been taking him to this dentist for years and I can assure you they were all blown away by his happy demeanor and success at the appointment.

Craniosacral therapy may not be the sole reason for these huge changes but there is certainly a strong possibility that craniosacral therapy, when combined with his other therapies, provided his body a huge and needed relaxation response that helped improve his overall functioning. It's as if craniosacral therapy was the missing piece of a neuro-motor puzzle and it has had lasting benefits for my son. I would strongly recommend it to any parent who is looking for another therapy that may help their child.

Laura James

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**Discussion**

It is important to note that the client came back for a session several years after the above discussed sessions and was able to be on the table for a full hour. Much of this has to do with maturity, however, it highlights an interesting point that the work done in his early childhood prepared him to be worked on in his later childhood. It also points to positive therapeutic relationship between the client and therapist, which his mom highlighted earlier. With this population, it is so imperative to develop trust at all costs.

This case also illustrates the fact that CST is an excellent complementary therapy for a wide range of complex issues.